2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007717

1. Entity Name
MOUNT ZION FULL GOSPEL BAPTIST CHURCH INC.

FILED
2005 OCT 10 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09252005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
9605 COUNTY ROAD 44 LEESBURG, FL 34788	9605 COUNTY ROAD 44 LEESBURG, FL 34788

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Mount Zion Full Gospel Baptist Church Inc,	Suite, Apt. #, etc. 9605 County Road 44
City & State Leesburg, Florida	City & State
Zip 34788 Country Lake	Zip Country

4. FEI Number 13-4283825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINES, LOIS 9605 COUNTY ROAD 44 LEESBURG, FL 34788	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lois Hines Lois Hines Lois Hines September 26, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, CHARLOTTE MINISTR 9605 COUNTY ROAD 44 LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BISBEE, MATTIE MAE 3600 RADIO RD LEESBURG, FL 34788	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Rosalind Blunt 10835 Tooks St. Leesburg, Fl 34788	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HINES, TIMOTHY DEACON 9825 COUNTY RD 44 LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLUNT, ALPHONSO DEACON 10835 TOOK ST LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600060715796 10/18/05--01051--001 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, PEARL 9735 VARIETY TREE RD LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SISTRUNK, JANICE 9835 VARIETY TREE RD LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte Hines Charlotte Hines Sept 26-2005 (352) 787-2638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/13cw